Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

10803527

| CLAIMS AS FILED - PART I | | | | | | | | SMALL E | NTITY | | OTHER | THAN |
|---|--|---|--------------|------------------------------------|--------------|------------------|---------|--------------------|------------------------|---------|---------------------|------------------------|
| (Column 1) (Column | | | | | | ımn 2) | | TYPE [| | OR | SMALL | |
| TOTAL CLAIMS | | | 55 | | | | | RATE | FEE |] | RATE | FEE |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | | BASIC FEE | 385.00 | OR | BASIC FEE | 770.00 |
| TOTAL CHARGEABLE CLAIMS | | | 55 minus 20= | | •35 | | | X\$ 9= | | OR | X\$18= | 630 |
| INE | DEPENDENT C | LAIMS | mi | nus 3 = | * | | | X43= | | OR | X86= · | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | | +145= | | OR | +290= | |
| * If the difference in column 1 is less than zero, enter "C | | | | | | column 2 | ı | TOTAL | | OR | TOTAL | 1400 |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | | SMALL | ENTITY | OR | OTHER SMALL I | 4 |
| AMENDMENT A | · | CLAIMS REMAINING AFTER AMENDMENT | | HIGHI NUME PREVIO PAID F | BER OUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| | Independent | * ENTATION OF M | Minus | *** | CLAIM | = | | X43= | | OR | X86= | |
| | FIRST PRESE | ENTATION OF MIC | JUINTE DEF | · | CLAIN | | | +145= | | OR | +290= | |
| (| | · | | | | | L | TOTAL DDIT. FEE | | OR | TOTAL ADDIT. FEE | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHE NUME PREVIO PAID F | BER JUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | | | X\$ 9= | | OR | . X\$18≐ | : |
| | Independent | * | Minus | *** | CL AIA | = | | X43= | , | OR | X86= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | +145= | | OR | +290= | |
| | | | | | | | | | | OR , | TOTAL ADDIT: FEE | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHE NUMB PREVIOU PAID F | ER . USLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| | Independent | * | Minus | *** | | = | | X43= | | OR | X86= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | | - 1 | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | | | OR | +290= | |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." | | | | | | | | | | OR , | TOTAL ODIT. FEE | |
| | | ber Previously Paid | | | | | r: foun | d in the appr | opriate box | in colu | ımn 1. | |